Amendment Disclosure Report Cover No Use this form for general report and committee information, must be signed and submitted along with other detailed forms. Do not use this form to update information 1. Committee Information c. ID Number a. Full Name Ritter for Register d. Date Filed b. Mailing Address (include City, State and Zip Code) OCT 2 8 7077 1084 Dover Church Road 10/28/2022 Seagrove, NC 27341 MOORE BOE e. Phone Number 910-464-2764 4. Period End Date 5. Treasurer Full Name 2. Report Year 3. Period Start Date (mm/dd/yy) (mm/dd/yy) Angela Lynn Ritter 10/22/2022 2022 07/01/2022 (check only one type of report from one category) 6. Type of Committee (Check One) 9. Type of Report Municipal State/County Referendum Candidate Campaign Organizational Organizational Organizational PAC Referendum Independent Quarterly Pre-referendum Joint Fundraiser Thirty-five day Expenditure Legal Expense Fund First Final (if applicable, check one) **Pre-primary** 7. Type of Fund Supplemental Final Pre-election Second "Booster Fund" Annual Third **Building Fund** Pre-runoff Fourth Special Semi-annual Mid Year Semi-annual Year End Mid Year 10. Special Report Name Other:

11. Account Information 11. Account Information a. Financial Institution Full Name a. Financial Institution Full Name First Bank c. Account Code b. Purpose c. Account Code b. Purpose All campaign 1 expenses d. Period Begin Balance d. Period Begin Balance 80.25 CERTIFICATION

Year End

Final

Special

Final

Special

8. Number of Fundraisers this Report

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report

is complete, true and correct and that I have been trained by the NC State Board of Elections.

Angela Lynn Ritter Printed Name of Signer			eh Lyn Ritter	10/28/2022			
		Signa	ature of Appointed Treasurer	Date			
FOR OFFICE USE ONLY	10/28/2022		O.M.	Delivery Method			
Date Received:	10/20/2002	Employee:	arr	Normal Mail			
Date Postmarked:		Employee:		Registered Mail Hand Delivered			
Date Scanned:		Employee:		☐ Electronically Filed ☐ Signer has not received			
Date Data Entered:		Employee:		mandatory training			

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Amendment

No

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Detailed SummaryUse this form to summarize all disclosure reporting forms and to total monetary information.

	2. Type of Report 3 rd Quarter		3. ID Number			
14.00			77.4141			
Start of Election Cycle: January 1,	2022	Total this Reporting Period	Total this Election Cycle			
4) Cash on Hand at Start		\$ 80.25	\$ 0.00			
RECEIPTS						
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$			
6) Contributions from Individuals	(CRO-1210)	\$ 0.00	\$ 6,359.00			
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$			
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$			
9) Loan Proceeds	(CRO-1410)	\$	\$			
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$	\$			
11) Other Receipt Sources						
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$			
11b) Contributions from Not-for-Profit Organization	ons <i>(CRO-1250)</i>	\$	\$			
11c) Outside Sources of Income	(CRO-1250)	\$	\$			
11d) Legal Expense Fund – Other Sources	(CRO-1270)	\$	\$			
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$			
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11	c, 11d and 11e)	\$ 0.00	\$ 6,359.00			
EXPENDITURES						
13) Disbursements						
13a) Operating Expenditures	(CRO-1310)	\$ 0.00	\$ 5,107.75			
13b) Contributions to Candidates/Political Commit	tees (CRO-1310)	\$ 80.25	\$ 80.25			
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$			
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$			
15) Loan Repayments	(CRO-1420)	\$	\$			
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$	\$			
17) In-Kind Contributions	(CRO-1510)	\$ 0.00	\$ 1,171.00			
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 1	5, 16 and 17)	\$ 80.25	\$ 6,359.00			
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	\$ 0.00	\$ 0.00				
ADDITIONAL INFORMATION		1				
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$				
21) Outstanding Loans (incl. ones from other campaig	ns) <i>(CRO-1430)</i>	\$				
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$				
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$				
24) Account Transfers Within the Committee	(CRO-1720)	\$				
25) Administrative Support	(CRO-1710)	\$	\$			
26) Forgiven Loans	(CRO-1440)	\$	\$			
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$	\$			
28) Contributions to be Refunded	(CRO-1215)	\$	\$			

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Disbursements					Pg	1	of	1	☐ Yes
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Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political

committees and coordinated party expenditures.

2. ID Number 1. Committee Full Name (and Fund if applicable) Ritter for Register (Please use separate CRO-1310 forms for each type of Disbursement.) 3. Type of Disbursement Contributions to Candidates/Political Committees Coordinated Party Expenditures **Operating Expenses** Add Remove 4. Payee Information b. Coordinated Committee Name d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) Ritter for Commissioner c. Level Registered (Specify) 1168 Dover Church Road Federal \boxtimes County: Seagrove, NC 27341 Municipality: e. Election Sum to Date State 910-690-1037 \$ 80.25 h. Purpose Code k. Required Remarks g. Form of Payment i. Date (mm/dd/yyyy) j. Amount f. Account Code \$80.25 08/26/2022 1 Check D Add Remove 4. Payee Information b. Coordinated Committee Name d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) c. Level Registered (Specify) Federal County: Municipality: e. Election Sum to Date State \$ h. Purpose Code j. Amount k. Required Remarks f. Account Code g. Form of Payment i. Date (mm/dd/yyyy) \$ \$ Remove Add 4. Payee Information b. Coordinated Committee Name d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) c. Level Registered (Specify) Federal County: e. Election Sum to Date State Municipality: \$ h. Purpose Code k. Required Remarks i. Date (mm/dd/yyyy) j. Amount f. Account Code g. Form of Payment \$ \$ \$ 80.25 5. Total only this Page 6. Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) \$ 80.25 (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures) 7. Purpose Codes (List detailed expenditure code in (h.) above) D - To Another Candidate B* - Printing C* - Fundraising A* - Media H* - Holding Public Office Expenses F* - Equipment G - Political Party E - Salaries Q* - Donation to Legal Expense Fund J - Penalties K* - Office Expenses I - Postage O* - Other * Codes require detailed explanation in required remarks field (k)

Amendment

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No